NGC-02 (10-17-1	11)		al State License F	IG COMMISSION fee Report Based on the Operated (NRS 463.38)		
			Filing Dea	•	,	
	Name, Address, Zip Code		9			Office Use Only
	Account No.:				Check	
Legal Name: Trade Name:					Number Batch	
	Address:				Number	
Ci	ty, State, Zip:				Entry	
					Number	
		Please cor	rect if in error			
				ICTIONS		
			-	pames are to be added AFTER e charged for late payments.	the beginning of the caler	ıdar
	umber of games to be op NCLUDE POKER OR PA		· · · · · · · · · · · · · · · · · · ·			
•				•	any avertions als	and contact the Ctate
	ntrol Board, Tax and Lice		dition of games during	g the calendar year. If you h	have any questions, pie	ase contact the State
J	, , , , , , , , , , , , , , , , , , , ,		LICENSE FEI	E SCHEDULE		
	One game		Ф 400	8 thru 10 games		\$ 6000 total
	Two games Three games		400	11 thru 13 games 14 thru 16 games		650 each 1000 each
	Four games		750	17 plus games		16,000 total + 200
	Five games Six or seven games		1750 3000	for each game in exces	ss of 16	
Line 1a. Line 2. Line 2a. Line 2b. Line 2c. Line 3.	Include Keno, Bingo, Race Book and Sports Pool. Do not include Poker or Pan License fee due for Original filing NRS 463.380: Amendments (for game additions during the calendar year) A. Enter date of addition: List the number of games licensed before this addition List the number of games to be added on the above date Total number of games licensed after addition License fee due for Amended Filing NRS 463.380: Penalty for late payment NRS 463.270(5): Enter number of days late:					
	A. Less than 10 day B. Ten or more days		25% of the amour less than \$50.00 a \$1,000.00.	and not more than	_	
	b. Tell of more days	iate.		and not more than		
Line 4.	Total amount due: (Total of lines 1a	or 2c and 3A or 3E	3)		
Pι		e Gaming Control	Board, Tax and Licens	o: NEVADA GAMING COMMIS se Division, PO Box 8004, Car egate, that amount to \$10,000	son City, NV 89702-8004	
	l,		certif	y and declare under the	penalties of perjury tl	nat I am the
			of the business na	amed above; that this is a	a true, correct and co	mplete
report to th	er, President, Treasurer, Other-c ne best of my knowled e and consent of all otl	ge, information,		at this application and rep	port is made with the	
Date	d		S	Signed		

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS